1060489

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

JAN 3 0 2007

RECEIVED

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
NIFORM LIMITED OFFERING EXEMPTION

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OMB APPROVAL

OMB Number: 3235–0076 Expires: April 30, 2008 Estimated average burden hours per response . . . 16.00

SEC USE ONLY							
Prefix		Serial					
DATÉ RECEIVED							

Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
Issuance of Subordinated Convertible Secured Promissory Notes and Warrants to purcl Common Stock issuable upon the conversion of the Notes and Warrants.	hase Preferred Stock and the
File Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	LILOF
Type of Filing: New Filing Amendment	
A. BASIC IDENTIFICATION DATA	-
Enter the information requested about the issuer	-
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	I 1887/7 BOILL LOOK BOTH BOTH BOOK AND LOOK HOUR HILL LOOK
Venturi Wireless, Inc.	07042713
Address of Executive Offices (Number and Street, City, State, Zip Code)	receptions trumper (including Area Code)
1320 Chesapeake Terrace, Sunnyvale, CA 94089	(408) 215-5100
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Same as above.	Same as above.PROCESSEI
Brief Description of Business	
	FED 7 9 2007
Type of Business Organization	1 FD I 3 5001
corporation limited partnership, already formed othe	r (please specify):
business trust limited partnership, to be formed	THOMSON
Actual or Estimated Date of Incorporation or Organization: Month Year 1 1 9 3 5	Actual Estimated FINANCIAL
	Actual [1] Estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:	
CN for Canada; FN for	other foreign jurisdiction) C A

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A.	BASIC IDENTI	FICATION DATA								
2. Enter the information requested for the following:			·							
	• Each promoter of the issuer, if the issuer has been organized within the past five years;									
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity										
securities of the issuer;	-	·								
 Each executive officer and director of corporate 	issuers and of co	rporate general and managi	ing partners of par	rtnership issuers; and						
 Each general and managing partner of partnersh 	ip issuers.									
Check Box(es) that Apply: Promoter Ber	neficial Owner	Executive Officer	□ Director	General and/or Managing Partner						
Full Name (Last name first, if individual)										
Sewell, Bret										
Business or Residence Address (Number and Street, City,	State Zin Code)									
c/o Venturi Wireless, Inc., 1320 Chesapeake										
			[7] p.							
Check Box(es) that Apply: Promoter Ber	neficial Owner	Executive Officer	Director	General and/or Managing Partner						
Full Name (Last name first, if individual)										
Isaksson, Tomas										
Business or Residence Address (Number and Street, City,	State, Zip Code)		•							
c/o Venturi Wireless, Inc., 1320 Chesapeake										
<u> </u>	neficial Owner	Executive Officer	Director	General and/or						
Check Box(es) that Apply. Tromoter Ber	ilericiai Owner	Executive Officer	☑ Director	Managing Partner						
Full Name (Last name first, if individual)										
Mendez, Alex										
Business or Residence Address (Number and Street, City,										
c/o Storm Ventures, 2440 Sand Hill Road, Su	ite 301, Menlo P	ark, CA 94025								
Check Box(es) that Apply: Promoter Ber	neficial Owner	Executive Officer	□ Director	General and/or Managing Partner						
Full Name (Last name first, if individual)										
Tompkins, Dan										
Business or Residence Address (Number and Street, City,	State Zin Code)									
c/o Novus Ventures, 20111 Stevens Creek Bly	•									
			M n:							
Check Box(es) that Apply: Promoter Ber	neficial Owner	☐ Executive Officer	☑ Director	General and/or Managing Partner						
Full Name (Last name first, if individual)										
Tsui, Doug										
Business or Residence Address (Number and Street, City,	State, Zip Code)									
c/o Horizon Ventures, Four Main Street, Suit										
	neficial Owner	Executive Officer	Director	General and/or						
	neticiai Owner	Executive Officer	M Director	Managing Partner						
Full Name (Last name first, if individual)										
Adler, John										
Business or Residence Address (Number and Street, City,	State, Zip Code)									
c/o InterWest Partners, 2710 Sand Hill Road										
	neficial Owner	Executive Officer	Director	General and/or						
Спек вол(ся) шаг дрру.	nencial Owner	Z Executive Officer	Director	Managing Partner						
Full Name (Last name first, if individual)										
Rabrenovich, Aleks										
Business or Residence Address (Number and Street, City,	State, Zip Code)									
c/o Venturi Wireless, Inc., 1320 Chesapeake										

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

		A. BASIC IDENTI	IFICATION DATA		
 Each beneficial own securities of the issue 	e issuer, if the issumer having the porer; er; er and director of	er has been organized with wer to vote or dispose, or corporate issuers and of co	nin the past five years; r direct the vote or dispos prporate general and manag		
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if Smith, Robert	individual)				
Business or Residence Addres c/o Venturi Wireles		reet, City, State, Zip Code) sapeake Terrace, Sunnyv			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if Glenn, Patrick	individual)				
Business or Residence Addres c/o Venturi Wireles		reet, City, State, Zip Code) sapeake Terrace, Sunnyv			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if Horizon Ventures	· ·				
Business or Residence Addres Four Main Street, 5	•				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if InterWest Entities	indiviđual)				
Business or Residence Addres		reet, City, State, Zip Code) Menlo Park, CA 94025			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if Novus Ventures En	•				
Business or Residence Addres 20111 Stevens Cree		reet, City, State, Zip Code) 0, Cupertino, CA 95014			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if Storm Ventures En	•				
Business or Residence Addres 2440 Sand Hill Roa			· · · · · · · · · · · · · · · · · · ·		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addres	s (Number and Sti	reet, City, State, Zip Code)			

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

					B. INFOR	MATION	ABOUT O	FFERING				
	.1							1: .00				Yes No
1. Has	the issuer	sold, or do	es the issu		•				-	•••••		
2 11/1-	-4 i- 4bi	_ .				• •		filing under			e N	
2. Wha	at is the mi	nimum inv	estment ti	iat will be	accepted 1	rom any inc	nviduai?		•••••••	•••••	1	<u>/A</u>
3. Doe	s the offeri	ng permit	joint owne	ership of a	single unit	?	******************					Yes No □ □
4. Ente	er the informission or person to tates, list th	rmation re similar re oe listed is se name of	quested for muneration an association	or each pe n for solic ated person r or dealer	erson who itation of p n or agent of . If more t	has been of ourchasers in of a broker han five (5)	or will be p n connection or dealer re	oaid or give on with sales gistered wit be listed are	n, directly of s of securities h the SEC a	or indirectly es in the offi nd/or with a persons of s	, any ering. i state	
Full Nam	ne (Last nai N/A	me first, if	individua	1)								
Business	or Residen	ice Addres	s (Numbe	r and Stree	t, City, Sta	ite, Zip Cod	le)					
Name of	Associated	Broker or	Dealer									
						icit Purchas						
(Check	k "All State	s" or chec	k individu	al States)					*,*******			All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[H I]	[ID]
[1L]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[N]]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Nam	ne (Last nai	me first, if	individua	I)								
Rusiness	N/A or Residen	ice Addres	s (Numbe	r and Stree	et City Str	ite, Zip Cod	le)					
						, 2.ip cou					****	
Name of	Associated	Broker of	r Dealer									
						icit Purchas						_
(Check	k "All State	s" or chec	k individu	al States)				••••••				☐ All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[H1]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[W1]	[WY]	[PR]
Full Nam	ne (Last nai	me first, if	individua	l)								
	N/A											
Business	or Resider	ice Addres	s (Numbe	r and Stree	et, City, Sta	ite, Zip Cod	le)					
Name of	`Associated	l Broker o	r Dealer									
						icit Purchas			***************************************		•••••	☐ All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[H1]	 [ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[M1]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[N]]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[R1]	[SC]	[SD]	ITNI	FTX1	[UT]	IVTI	[VA]	[WA]	[WV]	[M]	[WY]	IPR I

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.					
	Type of Security		gregate ering Price		Am	ount Already Sold
	Debt	\$	-0-		\$	-0-
	Equity	\$	-0-	_	\$	-0-
	☐ Common ☐ Preferred					
	Convertible Securities (including warrants)	\$ 4	1,002,000.00)	\$	2,924,511.75
	Partnership Interests	\$	-0-		s —	-0-
	Other (Specify)	\$	-0-		\$	-0-
	Total	<u>s</u>		_	<u> </u>	
	Answer also in Appendix, Column 3, if filing under ULOE.	_		_		-
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."					
		_	lumber vestors		Doll	ggregate ar Amount Yurchases
	Accredited Investors		7		\$ 2.	,924,511.75
	Non-accredited Investors		-0-	;	s	-0-
	Total (for filings under Rule 504 only)				s	
	Answer also in Appendix, Column 4, if filing under ULOE.					
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.					
	Type of offering	-	pe of curity		Doll	ar Amount Sold
	Rule 505		N/A		S	-0-
	Regulation A		N/A		\$	-0-
	Rule 504		N/A		\$	-0-
	Total		N/A		\$	-0-
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.					
	Transfer Agent's Fees.				\$	-0-
	Printing and Engraving Costs				\$	-0-
	Legal Fees			\boxtimes	\$To	be determined
	Accounting Fees				<u>s</u>	-0-
	Engineering Fees			\Box	s	-0-
	Sales Commissions (specify finder's fees separately)			\Box	<u> </u>	-0-
	Other Expenses (identify)			$\overline{\Box}$	\$	-0-
	Total				`—	he determined

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	C. OFFERING PRICE,	NUMBER OF INVESTORS, EXPENSES A	AND USE	OF PROCEED	<u>S</u>	
	Question 1 and total expenses furnished in r	gate offering price given in response to Part C esponse to Part C • Question 4.a. This different	nce is the		s	4,002,000.00
5.	used for each of the purposes shown. If the estimate and check the box to the left of the	gross proceeds to the issuer used or proposed the amount for any purpose is not known, furn the estimate. The total of the payments listed suer set forth in response to Part C - Question	ish an I must			
				Payments to Officers, Directors, & Affiliates	1	Payments To Others
	Salaries and fees		□ \$	-0-	□ s _	-0-
	Purchase of real estate			-0-		-0-
	Purchase, rental or leasing and installat	ion of machinery and equipment	□ s	-0-	□ \$_	-0-
	Construction or leasing of plant building	gs and facilities	□ \$	-0-	□ \$	-0-
	offering that may be used in exchange		_	-0-	_	-0-
	- · · · · · · · · · · · · · · · · · · ·		□ \$ □ \$	-0-		-0-
				-0-	 ⊠ \$	4,002,000.00
	_ •		U 1	-0-	□ *_	4,002,000.00
	 		S		□ \$_	
			□ \$		⊠ \$	4,002,000.00
	Total Payments Listed (column totals a	dded)		-0-	⊠ s_	4,002,000.00
		D. FEDERAL SIGNATURE			 .	
fol	c issuer has duly caused this notice to be sig lowing signature constitutes an undertaking b its staff, the information furnished by the issue	aned by the undersigned duly authorized pers	nd Exchang	e Commission.	upon wi	tule 505, the ritten request
lss	uer (Print or Type)	Signature	Da	nte		
	nturi Wireless, Inc.	Malanan	Ja	nuary 17, 200	07	
Na	me of Signer (Print or Type)	Title of Signer (Print or Type)	<u> </u>			
Al	eks Rabrenovich	Chief Financial Officer				

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

 \mathbb{END}